

Fill in this information to identify the case:

Debtor name HLS Pharmacies, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANACase number (if known) 17-71197-BHL
☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2/8/18

x



Signature of individual signing on behalf of debtor

Rick Stradtner
Printed name

President
Position or relationship to debtor

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Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$	0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$	4,045,054.98
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$	4,045,054.98

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$	3,956,244.58
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$	973,352.02
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$	1,762,726.10
4. Total liabilities Lines 2 + 3a + 3b	\$	6,692,322.70

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: ☒ Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	German American Bank	Checking (ending in 5001)	5001	\$41,561.67
3.2.	German American Bank	Checking (ending in 5301)	5301	\$2,357.79
3.3.	German American Bank	Checking (ending in 2701)	2701	\$66.00
3.4.	German American Bank	Checking (ending in 7301)	7301	\$0.00
3.5.	German American Bank	Checking (ending in 0501)	0501	\$0.00
3.6.	First Bank	Checking (ending in 1097)	1097	\$794.43

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3.7. <u>First Bank</u>	Checking (ending in 1108)	<u>1108</u>	<u>\$3,134.41</u>
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3.8. <u>Old National Bank</u>	Checking (ending in 4259)	<u>4259</u>	<u>\$12,674.27</u>
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4. **Other cash equivalents** (Identify all)5. **Total of Part 1.**\$60,588.57

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and Prepayments**6. Does the debtor have any deposits or prepayments?**☐ No. Go to Part 3.☒ Yes Fill in the information below.**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. <u>Mt. Carmel Water Department - security deposit</u>	<u>\$100.00</u>
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7.2. <u>Ten Fifty Holding Co.-Mt. Carmel - security deposit</u>	<u>\$500.00</u>
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7.3. <u>Amerencips - security deposit</u>	<u>\$240.00</u>
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7.4. <u>Landmark 057 - rent - security deposit</u>	<u>\$3,153.09</u>
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7.5. <u>Jasper Municipal - security deposit</u>	<u>\$100.00</u>
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7.6. <u>Geiger Properties - rent - security deposit</u>	<u>\$5,000.00</u>
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7.7. <u>City of Henderson - security deposit</u>	<u>\$1,302.50</u>
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7.8. <u>Princeton, KY Water and Sewer - security deposit</u>	<u>\$200.00</u>
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7.9. <u>Atmos Gas - store - security deposit</u>	<u>\$350.00</u>
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7.10 Atmos Gas - warehouse - security deposit \$560.00

7.11 Owensboro, KY Gas - security deposit \$350.00

7.12 Citi-Owensboro Municipal Utilities - security deposit \$508.95

7.13 Citi-Vincennes Water - security deposit \$25.00

7.14 Citi-Owensboro Kenergy - security deposit \$450.00

7.15 DC Water - security deposit \$30.00

7.16 Atmos Energy - security deposit \$350.00

7.17 Kenergy Corp. - security deposit \$445.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$13,664.54

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 553,775.34 - 14,700.00 = \$539,075.34
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 2,144,234.27 - 673,939.74 = \$1,470,294.53
face amount doubtful or uncollectible accounts

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Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale DME held for resale	11/30/2016	\$0.00	Cost	\$908,420.00
22.	Other inventory or supplies RX inventory	11/30/2016	\$0.00	Cost	\$98,724.00

23. Total of Part 5.**\$1,007,144.00**

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☒ Yes. Book value 5404.7 Valuation method Cost Current Value 5404.7

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

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	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Furniture & Fixtures (cost less depreciation)	\$41,826.36		\$29,572.52
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Computer Equipment (cost less depreciation)	\$8,972.11		\$29,644.00
	Comp Cap Lease (debtor claims no ownership interest)	\$0.00		\$0.00
	Computer Software	\$0.00		\$0.00
	Software Cap Lease (debtor claims no ownership interest)	\$0.00		\$0.00
42.	Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$59,216.52
44.	Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
45.	Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
- ☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm			

Debtor HLS Pharmacies, Inc.
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Sales Equipment
(cost less depreciation)

\$0.00

\$11,399.27

DME Rent Equipment
(cost less depreciation)

\$68,792.49

\$883,672.21

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$895,071.48

52. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes Fill in the information below.**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
Franchise Fees - Diabetes Shoppe			
PCCA - Compounding Membership Fee	\$4,145.24		\$0.00
DEA License #BH5578022 (expires 10/31/18)			
DEA License #FH5662007 (expires 10/31/2018)			
(Issued by the U.S. Department of Justice)	\$0.00		Unknown

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	Durable Medical Equipment License #69000838A (expires 12/31/2019) Durable Medical Equipment License #69000297A (expires 12/31/2019) Durable Medical Equipment License #69001339A (expires 12/31/2019) (issued by Indiana Professional Licensing Agency)		
	Durable Medical Equipment License #203.00075 (expires 3/31/2018) (issued by Dept. of Financial and Professional Regulation)	\$0.00	Unknown
	Pharmacy License #60005016A (expires 12/31/2019) Pharmacy License #60006611A (expires 12/31/2019) (issued by Indiana Professional Licensing Agency)	\$0.00	Unknown
	Controlled Substance License #60005016B (expires 12/31/2019) Controlled Substance License #60006611B (expires 12/31/2019) (issued by Indiana Professional Licensing Agency)	\$0.00	Unknown
	Medicinal Gas License #MG0918 (expires 6/30/2018) Medicinal Gas License #MG0868 (expires 6/30/2018) (issued by Kentucky Board of Pharmacy)	\$0.00	Unknown
	Home Medical Equipment License #170441 (expires 9/30/2018) Home Medical Equipment License #170267 (expires 9/30/2018) (issued by Kentucky Board of Durable Medical Equipment Providers)	\$0.00	Unknown
	Mobile Health Services License #720227 (no expiration date) (issued by Cabinet for Health and Family Services)	\$0.00	Unknown
63.	Customer lists, mailing lists, or other compilations		
64.	Other intangibles, or intellectual property		
65.	Goodwill	\$1,000.37	\$0.00
	Goodwill		

66. **Total of Part 10.** \$0.00
Add lines 60 through 65. Copy the total to line 89.
67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 1077)

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- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Potential claim against Professional Filing Services, Inc. for gross negligence or breach of contract

Unknown

Nature of claim

Amount requested

\$0.00

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed Examples: Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor HLS Pharmacies, Inc.
NameCase number (if known) 17-71197-BHL**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$60,588.57	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$13,664.54	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$2,009,369.87	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$1,007,144.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$59,216.52	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$895,071.48	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$4,045,054.98	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$4,045,054.98

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Thomas Brasseur 2621 N. Lexington Drive Vincennes, IN 47591 Date or dates debt was incurred 1/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 401k deferrals Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,035.98 \$3,035.98
2.2	Priority creditor's name and mailing address Caldwell County 100 E. Market Street, Rm. 27 Princeton, KY 42445 Date or dates debt was incurred 2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Payroll Tax obligations Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,515.55 \$3,515.55

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2.3	Priority creditor's name and mailing address Caldwell County Sheriff 100 E. Market Street, Room 25 Princeton, KY 42445	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$902.54</u>	<u>\$902.54</u>
	Date or dates debt was incurred 11/2017	Basis for the claim: Property Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4	Priority creditor's name and mailing address City of Henderson 222 First Street Henderson, KY 42420	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$4,758.88</u>	<u>\$4,758.88</u>
	Date or dates debt was incurred 11/2017	Basis for the claim: Property Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	Priority creditor's name and mailing address City of Owensboro, KY P.O. Box 638 Owensboro, KY 42302	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$289.88</u>	<u>\$289.88</u>
	Date or dates debt was incurred 11/2017	Basis for the claim: Property Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6	Priority creditor's name and mailing address City of Princeton 206 E. Market Street Princeton, KY 42445	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$170.17</u>	<u>\$170.17</u>
	Date or dates debt was incurred 11/2017	Basis for the claim: Property Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.7	Priority creditor's name and mailing address Commonwealth of Kentucky, Division of Unemployment Insurance P.O. Box 948 Frankfort, KY 40602-0948	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$20,734.52	\$20,734.52
	Date or dates debt was incurred 2016	Basis for the claim: Unemployment Tax obligations		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Daviess County Sheriff 212 Saint Ann Street Owensboro, KY 42303-4148	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,558.38	\$1,558.38
	Date or dates debt was incurred 11/2017	Basis for the claim: Property Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Debbie Daywalt 4055 Evergreen Court Newburgh, IN 47630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$800.00	\$800.00
	Date or dates debt was incurred 1/2017	Basis for the claim: 401k deferrals		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Anetta Dill 8300 Colleen Drive Wadesville, IN 47638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$949.54	\$949.54
	Date or dates debt was incurred 1/2017	Basis for the claim: 401k deferrals		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.11	Priority creditor's name and mailing address Joretta Doss 1251 Lavender Court Evansville, IN 47712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,141.82	\$1,141.82
	Date or dates debt was incurred <u>1/2017</u>	Basis for the claim: <u>401k deferrals</u>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Dubois County Treasurer One Courthouse Square Jasper, IN 47546-3031	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,183.90	\$6,183.90
	Date or dates debt was incurred <u>5/2017</u>	Basis for the claim: <u>Property Taxes</u>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address First Federal Savings Bank 5001 Davis Lant Drive Evansville, IN 47715	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,817.00	\$5,817.00
	Date or dates debt was incurred <u>11/2017</u>	Basis for the claim: <u>Health Savings Account Payments</u>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Jennifer Fischer 1324 Mill Street Jasper, IN 47546	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,994.22	\$2,994.22
	Date or dates debt was incurred <u>1/2017</u>	Basis for the claim: <u>401k deferrals</u>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.15 Priority creditor's name and mailing address

Connie Goelzhauser
3422 Avondale Drive
Newburgh, IN 47630

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed\$1,592.52\$1,592.52

Date or dates debt was incurred

1/2017

Basis for the claim:

401k deferrals

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?

☒ No☐ Yes

2.16 Priority creditor's name and mailing address

Darrel Goolsby
937 S. Main Street
Henderson, KY 42420

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed\$163.23\$163.23

Date or dates debt was incurred

1/2017

Basis for the claim:

401k deferrals

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?

☒ No☐ Yes

2.17 Priority creditor's name and mailing address

Brent Haley
10683 S. Oak Ridge Est
Haubstadt, IN 47639

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed\$5,342.14\$5,342.14

Date or dates debt was incurred

1/2017

Basis for the claim:

401k deferrals

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?

☒ No☐ Yes

2.18 Priority creditor's name and mailing address

Henderson County Sheriff
20 N. Main Street, Suite 112
Henderson, KY 42420

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed\$8,044.14\$8,044.14

Date or dates debt was incurred

10/2017

Basis for the claim:

Property Taxes

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

☒ No☐ Yes

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2.19	Priority creditor's name and mailing address Henderson Tax Administrator P.O. Box 671 Henderson, KY 42419	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$2,037.69	\$2,037.69
Date or dates debt was incurred 2016		Basis for the claim: Payroll Tax obligations		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Illinois Department of Revenue P.O. Box 19006 Springfield, IL 62794-9006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,005.66	\$7,005.66
Date or dates debt was incurred 2016		Basis for the claim: Payroll Tax obligations		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Illinois Dept. of Employment Security 33 S. State Street, 10th Floor Chicago, IL 60603-2802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,602.17	\$9,602.17
Date or dates debt was incurred 2016		Basis for the claim: Unemployment Tax obligations		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Indiana Department of Revenue Bankruptcy Section, N-240 100 N. Senate Avenue Indianapolis, IN 46204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$32,496.84	\$32,496.84
Date or dates debt was incurred 2016		Basis for the claim: Payroll Tax obligations		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.23	Priority creditor's name and mailing address Indiana Dept. of Workforce Development 10 N. Senate Avenue Room SE106 Indianapolis, IN 46204-2277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$24,677.30	\$24,677.30
	Date or dates debt was incurred 2016	Basis for the claim: Unemployment Tax obligations		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$687,742.04	\$687,742.04
	Date or dates debt was incurred 2016	Basis for the claim: Payroll Tax obligations		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Kentucky Department of Revenue 501 High Street P.O. Box 491 Frankfort, KY 40602-0491	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$52,393.85	\$52,393.85
	Date or dates debt was incurred 2016	Basis for the claim: Payroll Tax obligations		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address Krista Miller 2538 S. State Road 257 Velpen, IN 47590-8821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,678.01	\$1,678.01
	Date or dates debt was incurred 1/2017	Basis for the claim: 401k deferrals		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.27	Priority creditor's name and mailing address Monroe County Treasurer 100 W. Kirkwood Avenue, Room 204 Bloomington, IN 47404-5143	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,994.76	\$5,994.76
	Date or dates debt was incurred 5/2017	Basis for the claim: Property Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.28	Priority creditor's name and mailing address Theresa Mundy 553 E. State Road 164 Jasper, IN 47546	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$525.35	\$525.35
	Date or dates debt was incurred 1/2017	Basis for the claim: 401k deferrals		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.29	Priority creditor's name and mailing address Glorilee Nowling 3827 Rodenberg Avenue Evansville, IN 47720	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,013.02	\$1,013.02
	Date or dates debt was incurred 1/2017	Basis for the claim: 401k deferrals		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.30	Priority creditor's name and mailing address Glorilee Nowling 3827 Rodenberg Avenue Evansville, IN 47720	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$580.85	\$580.85
	Date or dates debt was incurred 10/2017	Basis for the claim: 401k Loan Payments		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.31	Priority creditor's name and mailing address Felicia O'Neal 3079 Sandstone Court Newburgh, IN 47630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,820.76	\$1,820.76
	Date or dates debt was incurred <u>1/2017</u>	Basis for the claim: <u>401k deferrals</u>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.32	Priority creditor's name and mailing address Occupational Tax Administrator P.O. Box 10008 Owensboro, KY 42302	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$478.63	\$478.63
	Date or dates debt was incurred <u>2016</u>	Basis for the claim: <u>Payroll Tax obligations</u>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address Pike County Treasurer Pike County Courthouse Petersburg, IN 47567-1298	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$531.90	\$531.90
	Date or dates debt was incurred <u>5/2017</u>	Basis for the claim: <u>Property Taxes</u>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address Sigfredo Rios 1108 N. 21st Street McAllen, TX 78501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$333.80	\$333.80
	Date or dates debt was incurred <u>10/2017</u>	Basis for the claim: <u>401k Loan Payments</u>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.35	Priority creditor's name and mailing address Rick Stradtner 1111 W. 13th Street Jasper, IN 47546	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,859.84	\$14,859.84
	Date or dates debt was incurred 1/2017	Basis for the claim: 401k deferrals		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.36	Priority creditor's name and mailing address Rick Stradtner 1111 W. 13th Street Jasper, IN 47546	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,522.75	\$2,522.75
	Date or dates debt was incurred 10/2017	Basis for the claim: 401k Loan Payments		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.37	Priority creditor's name and mailing address Meredith Stradtner-Voege 646 N. 425 E Jasper, IN 47546	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,161.54	\$5,161.54
	Date or dates debt was incurred 1/2017	Basis for the claim: 401k deferrals		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.38	Priority creditor's name and mailing address Tiffany Tapp 4965 State Road 56 W Dixon, KY 42409	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$616.39	\$616.39
	Date or dates debt was incurred 1/2017	Basis for the claim: 401k deferrals		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.39	Priority creditor's name and mailing address Vanderburgh County Treasurer P.O. Box 77 Evansville, IN 47701-0077	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,774.20	\$3,774.20
Date or dates debt was incurred 5/2017		Basis for the claim: Property Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.40	Priority creditor's name and mailing address David Voegerl 646 N. 425 E Jasper, IN 47546	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,412.95	\$4,412.95
Date or dates debt was incurred 1/2017		Basis for the claim: 401k deferrals		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.41	Priority creditor's name and mailing address Pam Wampler 1401 Wimberg Road Evansville, IN 47710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,910.72	\$4,910.72
Date or dates debt was incurred 1/2017		Basis for the claim: 401k deferrals		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.42	Priority creditor's name and mailing address Tim Weiss 817 Harmony Way Evansville, IN 47720	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,806.20	\$10,806.20
Date or dates debt was incurred 1/2017		Basis for the claim: 401k deferrals		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.43	Priority creditor's name and mailing address Tim Weiss 817 Harmony Way Evansville, IN 47720	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$26,037.17	\$12,850.00
	Date or dates debt was incurred 7/2017	Basis for the claim: Payroll		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.44	Priority creditor's name and mailing address Amanda Williamson P.O. Box 361 Clear Creek, IN 47426	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$488.08	\$488.08
	Date or dates debt was incurred 1/2017	Basis for the claim: 401k deferrals		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.45	Priority creditor's name and mailing address Amanda Williamson P.O. Box 361 Clear Creek, IN 47426	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$154.70	\$154.70
	Date or dates debt was incurred 10/2017	Basis for the claim: 401k Loan Payments		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.46	Priority creditor's name and mailing address Gregg Wilmes 6751 S. Club Road Saint Anthony, IN 47575	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,002.42	\$2,002.42
	Date or dates debt was incurred 1/2017	Basis for the claim: 401k deferrals		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.47	Priority creditor's name and mailing address Corey Yates 622 S. Green Street Henderson, KY 42420	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$698.02</u> <u>\$698.02</u>
Date or dates debt was incurred <u>1/2017</u>		Basis for the claim: <u>401k deferrals</u>	
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)			

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address A & B Fire Safety, Inc. 2984 Cathy Lane Jasper, IN 47546 Date(s) debt was incurred <u>6/2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4.00</u>
3.2	Nonpriority creditor's name and mailing address Advantage Print Solution 700 N. Weinbach, Suite 101 Evansville, IN 47711 Date(s) debt was incurred <u>5/2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$122.00</u>
3.3	Nonpriority creditor's name and mailing address Advantage Print Solutions fka Laser Smart 700 N. Weinbach Ave. Evansville, IN 47711 Date(s) debt was incurred <u>4/2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$148.73</u>
3.4	Nonpriority creditor's name and mailing address AG Industries, LLC 3637 Scarlet Oak Blvd. Saint Louis, MO 63122 Date(s) debt was incurred <u>8/2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,326.84</u>
3.5	Nonpriority creditor's name and mailing address Ali Med, Inc. 297 High Street Dedham, MA 02026 Date(s) debt was incurred <u>12/2016 - 3/2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$578.32</u>

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3.6	Nonpriority creditor's name and mailing address Anda Generics, Inc. 3000 Alt Blvd. Grand Island, NY 14072 Date(s) debt was incurred <u>7/2017 - 10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,158.93
3.7	Nonpriority creditor's name and mailing address Anita Unique Body Wear 3540 NW 56th Street, Suite 204 Fort Lauderdale, FL 33309 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,987.43
3.8	Nonpriority creditor's name and mailing address Anthem BCBS IN Group P.O. Box 105113 Atlanta, GA 30348-5113 Date(s) debt was incurred <u>11/2017 - 12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,917.20
3.9	Nonpriority creditor's name and mailing address Arkadin, Inc. 5 Concourse Parkway Atlanta, GA 30328 Date(s) debt was incurred <u>10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.38
3.10	Nonpriority creditor's name and mailing address Atmos Energy 1005 Convention Plaza Saint Louis, MO 63101 Date(s) debt was incurred <u>6/2017 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.15
3.11	Nonpriority creditor's name and mailing address B Braun 824 Twelfth Avenue Bethlehem, PA 18018-3524 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
3.12	Nonpriority creditor's name and mailing address Barrett Fisher Co., Inc. 800 Jr. Miller Blvd. Owensboro, KY 42303 Date(s) debt was incurred <u>6/2017 - 8/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.50

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3.13	Nonpriority creditor's name and mailing address BRCS Properties, LLC 2743 E. Buttonwood Lane Bloomington, IN 47401 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.14	Nonpriority creditor's name and mailing address Breg, Inc. 2885 Loker Avenue, East Carlsbad, CA 92010 Date(s) debt was incurred <u>6/2017 - 7/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,121.03
3.15	Nonpriority creditor's name and mailing address BSN Medical, Inc. 5825 Carnegie Blvd. Charlotte, NC 28209 Date(s) debt was incurred <u>7/2016 - 4/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,362.29
3.16	Nonpriority creditor's name and mailing address Bulldog System, Inc. 907 N. Jackson Street Harrisburg, IL 62946 Date(s) debt was incurred <u>10/2017 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.19
3.17	Nonpriority creditor's name and mailing address Capsa Solutions 13700 Irma Lee Court Lake Forest, IL 60045 Date(s) debt was incurred <u>10/2016 - 5/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,224.66
3.18	Nonpriority creditor's name and mailing address Carefusion 17400 Medina Road, Suite 100 Minneapolis, MN 55447 Date(s) debt was incurred <u>6/2017 - 10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,143.64
3.19	Nonpriority creditor's name and mailing address Century Link 665 Lexington Avenue Mansfield, OH 44907 Date(s) debt was incurred <u>6/2017 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.12

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3.20	Nonpriority creditor's name and mailing address CID Resources, Inc. 601 S. Royal Lane, Suite 100 Coppell, TX 75019 Date(s) debt was incurred <u>2/2017 - 3/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$792.57
3.21	Nonpriority creditor's name and mailing address Circadiance 1300 Rodi Road Turtle Creek, PA 15145 Date(s) debt was incurred <u>12/2016 - 1/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,809.12
3.22	Nonpriority creditor's name and mailing address Citibusiness Card P.O. Box 6004 Sioux Falls, SD 57117-6004 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98,133.30
3.23	Nonpriority creditor's name and mailing address City of Henderson P.O. Box 716 Henderson, KY 42419-0716 Date(s) debt was incurred <u>9/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$481.84
3.24	Nonpriority creditor's name and mailing address City of Mt. Carmel 219 Market Street Mount Carmel, IL 62863 Date(s) debt was incurred <u>9/2017 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.89
3.25	Nonpriority creditor's name and mailing address Colonial Life P.O. Box 903 Columbia, SC 29202-0903 Date(s) debt was incurred <u>10/2017 - 12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,833.60
3.26	Nonpriority creditor's name and mailing address Comcast Cable P.O. Box 7500 Southeastern, PA 19398-7500 Date(s) debt was incurred <u>10/2017 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$534.13

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3.27	Nonpriority creditor's name and mailing address Community United Methodist Hospital, Inc 1305 North Elm Street, Suite 1-A Evansville, IN 47708 Date(s) debt was incurred <u>2014</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.28	Nonpriority creditor's name and mailing address Compass Health Brands P.O. Box 71591 Chicago, IL 60694-1591 Date(s) debt was incurred <u>8/2017 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,574.42
3.29	Nonpriority creditor's name and mailing address Complete Medical Supplies 100 Routh 59, Suite 113 Suffern, NY 10901 Date(s) debt was incurred <u>11/2016 - 3/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,399.16
3.30	Nonpriority creditor's name and mailing address Consumer Gas Co. 216 Industrial Ave. Carmi, IL 62821 Date(s) debt was incurred <u>11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.40
3.31	Nonpriority creditor's name and mailing address Creative Specialties 25300 Al Moen Drive North Olmsted, OH 44070 Date(s) debt was incurred <u>12/2016 - 6/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,040.52
3.32	Nonpriority creditor's name and mailing address Culligan of Martinsville 1439 E. Morgan Street Martinsville, IN 46151 Date(s) debt was incurred <u>4/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.57
3.33	Nonpriority creditor's name and mailing address Custom Sign & Engineering 5344 Vann Road Newburgh, IN 47630 Date(s) debt was incurred <u>2014 - 2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,869.40

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3.34	Nonpriority creditor's name and mailing address Deroval Industries MSC 30316 Nashville, TN 37241-0316 Date(s) debt was incurred <u>1/2017 - 2/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.76
3.35	Nonpriority creditor's name and mailing address DJO, LLC 1430 Decision Street Vista, CA 92081-8533 Date(s) debt was incurred <u>12/2015 - 8/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,226.18
3.36	Nonpriority creditor's name and mailing address Drive Medical Design 29427 Network Place Chicago, IL 60673-1294 Date(s) debt was incurred <u>10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,383.57
3.37	Nonpriority creditor's name and mailing address Dubois County LP Gas, Inc. 1205 South State Road 162 Jasper, IN 47546-9360 Date(s) debt was incurred <u>8/2017 - 10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.05
3.38	Nonpriority creditor's name and mailing address Duke Energy P.O. Box 1327 Charlotte, NC 28201-1327 Date(s) debt was incurred <u>9/2017 - 10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$934.13
3.39	Nonpriority creditor's name and mailing address Duncan's Carpet Cleaning 2251 E. New York Avenue Evansville, IN 47711 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$460.00
3.40	Nonpriority creditor's name and mailing address Durham Window Cleaning 1110 Landing Meadows De Henderson, KY 42420 Date(s) debt was incurred <u>3/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00

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3.41	Nonpriority creditor's name and mailing address Entry Mat Service 6320 State Road 158 Bedford, IN 47421 Date(s) debt was incurred <u>2/2017 - 3/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$323.14
3.42	Nonpriority creditor's name and mailing address ERC I LLC Receivership 420 NW 5th Street Evansville, IN 47708 Date(s) debt was incurred <u>1/2017 - 12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,078.68
3.43	Nonpriority creditor's name and mailing address Evansville Courier Press 300 E. Walnut Evansville, IN 47713 Date(s) debt was incurred <u>4/2016 - 9/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,415.95
3.44	Nonpriority creditor's name and mailing address Evansville Print 2217 W. Franklin Street Evansville, IN 47712 Date(s) debt was incurred <u>7/2016 - 3/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,471.56
3.45	Nonpriority creditor's name and mailing address Ferguson Distributing Co. 8200 Sharon Road Newburgh, IN 47630 Date(s) debt was incurred <u>8/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.46	Nonpriority creditor's name and mailing address Fisher & Paykel Healthcare 173 Technology Drive, Suite 100 Irvine, CA 92618 Date(s) debt was incurred <u>3/2017 - 6/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,128.44
3.47	Nonpriority creditor's name and mailing address Forbin 4026 Alexandria Drive Waterloo, IA 50702 Date(s) debt was incurred <u>5/2017 - 9/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Comp Maint</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495.00

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3.48	Nonpriority creditor's name and mailing address Freedom Waste Service 6000 Brownsboro Pk. Blvd., Suite B Louisville, KY 40207 Date(s) debt was incurred <u>12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.50
3.49	Nonpriority creditor's name and mailing address Frontier P.O. Box 740407 Cincinnati, OH 45274-0407 Date(s) debt was incurred <u>10/2017 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,265.19
3.50	Nonpriority creditor's name and mailing address Furman Lawn Service 2526 W. Division Road Petersburg, IN 47567 Date(s) debt was incurred <u>6/2017 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,185.00
3.51	Nonpriority creditor's name and mailing address Geiger Properties of IND 420 NW 5th Street, Suite 202 Evansville, IN 47708 Date(s) debt was incurred <u>11/2017 - 12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,057.16
3.52	Nonpriority creditor's name and mailing address GF Health Products, Inc. Attn: Kim Jones 2935 Northeast Parkway Atlanta, GA 30360 Date(s) debt was incurred <u>6/2017 - 7/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,793.08
3.53	Nonpriority creditor's name and mailing address Golden Technologies, Inc. 401 Bridge Street Old Forge, PA 18518 Date(s) debt was incurred <u>5/2017 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,958.37
3.54	Nonpriority creditor's name and mailing address GSF USA, Inc. P.O. Box 1627 Indianapolis, IN 46206 Date(s) debt was incurred <u>12/2016 - 1/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00

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3.55	Nonpriority creditor's name and mailing address Guardian Medical 18000 W. Eight Mile Road Southfield, MI 48075 Date(s) debt was incurred <u>10/2016 - 9/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$573.55
3.56	Nonpriority creditor's name and mailing address Guardian Medical Monitor 18000 W. Eight Mile Road Southfield, MI 48075 Date(s) debt was incurred <u>6/2016 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,683.84
3.57	Nonpriority creditor's name and mailing address Hank's Neon & Plastic P.O. Box 4246 Evansville, IN 47724-0246 Date(s) debt was incurred <u>5/2016 - 1/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,580.43
3.58	Nonpriority creditor's name and mailing address Harding Shymanski & Co. 21 SE Third Street, Suite 500 Evansville, IN 47708 Date(s) debt was incurred <u>8/2016 - 10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,910.68
3.59	Nonpriority creditor's name and mailing address Harvey Ershig 502 Norris Lane Henderson, KY 42420 Date(s) debt was incurred <u>7/2017 - 12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.60	Nonpriority creditor's name and mailing address HBS Pharmacy Services 738 Louis Drive Warminster, PA 18974 Date(s) debt was incurred <u>6/2017 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Comp Maint</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,577.98
3.61	Nonpriority creditor's name and mailing address Health Care Logistics, Inc. P.O. Box 400 Circleville, OH 43113-0400 Date(s) debt was incurred <u>11/2016 - 9/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,563.73

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3.62	Nonpriority creditor's name and mailing address Health Resources P.O. Box 659 Evansville, IN 47704 Date(s) debt was incurred <u>10/2017 - 12/217</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,829.04
3.63	Nonpriority creditor's name and mailing address Healthcare Logistics 5850 Coral Ridge Drive, Suite 304 Coral Springs, FL 33076 Date(s) debt was incurred <u>3/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.14
3.64	Nonpriority creditor's name and mailing address Healthlink 1831 Chestnut Street Saint Louis, MO 63106-2225 Date(s) debt was incurred <u>3/2016 - 10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,350.95
3.65	Nonpriority creditor's name and mailing address Healthsmart International 4900 University Avenue West Des Moines, IA 50266 Date(s) debt was incurred <u>1/2017 - 2/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$978.35
3.66	Nonpriority creditor's name and mailing address Hoosier Business Machines P.O. Box 751 Jasper, IN 47546 Date(s) debt was incurred <u>6/2017 - 9/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$430.90
3.67	Nonpriority creditor's name and mailing address Husk Signs 1115 Indy Court Evansville, IN 47725 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,118.49
3.68	Nonpriority creditor's name and mailing address I-Runner 7271 Mayflower Park Drive Zionsville, IN 46077 Date(s) debt was incurred <u>2/2017 - 7/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,188.30

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3.69	Nonpriority creditor's name and mailing address Independence Medical 1810 Summit Conference Park Twinsburg, OH 44087 Date(s) debt was incurred <u>10/2016 - 10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,751.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70	Nonpriority creditor's name and mailing address Indiana Telephone Network P.O. Box 369 Syracuse, IN 46567 Date(s) debt was incurred <u>11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$602.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.71	Nonpriority creditor's name and mailing address Instamed Accountign 1880 John F. Kennedy Blvd., 12th Floor Philadelphia, PA 19103 Date(s) debt was incurred <u>11/2017 - 12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$722.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	Nonpriority creditor's name and mailing address Intersurgical, Inc. 6757 Kinne Street East Syracuse, NY 13057 Date(s) debt was incurred <u>2/2017 - 9/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,692.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.73	Nonpriority creditor's name and mailing address Jasper Embroidery 310 Main Street Jasper, IN 47546 Date(s) debt was incurred <u>12/2016 - 3/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$619.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74	Nonpriority creditor's name and mailing address Jerry Fischer Co. 1903 Main Street Tell City, IN 47586 Date(s) debt was incurred <u>1/2017 - 9/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$170.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75	Nonpriority creditor's name and mailing address Jones Wallace, LLC 420 Main Street, Suite 1600 Evansville, IN 47706-1065 Date(s) debt was incurred <u>5/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$442.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.76	Nonpriority creditor's name and mailing address Julius Zorn, Inc. P.O. Box 1088 Cuyahoga Falls, OH 44223 Date(s) debt was incurred <u>11/2016 - 4/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,895.27
3.77	Nonpriority creditor's name and mailing address Kenergy Corp. 6402 Old Corydon Road Henderson, KY 42419-0018 Date(s) debt was incurred <u>11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$333.48
3.78	Nonpriority creditor's name and mailing address Klem's Sign & Restyling 16303 N. State Road 545 Saint Meinrad, IN 47577 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.00
3.79	Nonpriority creditor's name and mailing address Koester's Call Center P.O. Box 4715 Evansville, IN 47724 Date(s) debt was incurred <u>6/2017 - 8/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$914.89
3.80	Nonpriority creditor's name and mailing address Koorsen Fire & Security 2719 N. Arlington Avenue Indianapolis, IN 46218-3322 Date(s) debt was incurred <u>8/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.31
3.81	Nonpriority creditor's name and mailing address Kunkel Insurance Agency 414 Jackson Street Jasper, IN 47546 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,082.53
3.82	Nonpriority creditor's name and mailing address Legal Shield One Pre-Paid Way Ada, OK 74820 Date(s) debt was incurred <u>9/2017 - 12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,461.10

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3.83	Nonpriority creditor's name and mailing address Robert M. Leich c/o Pulse Systems 20 NW 4th Street, #301 Evansville, IN 47708 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,750.00
3.84	Nonpriority creditor's name and mailing address Lewis Testing Services P.O. Box 39109 Indianapolis, IN 46239 Date(s) debt was incurred <u>4/2017 - 8/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,570.83
3.85	Nonpriority creditor's name and mailing address Liberty Mutual P.O. Box 2051 Keene, NH 03431-7051 Date(s) debt was incurred <u>12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,474.64
3.86	Nonpriority creditor's name and mailing address Loan Me 1900 S. State College Blvd., Suite 300 Anaheim, CA 92806 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,602.34
3.87	Nonpriority creditor's name and mailing address Lorann Oils, Inc. 4518 Aurelius Road Lansing, MI 48910 Date(s) debt was incurred <u>1/2017 - 2/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$231.98
3.88	Nonpriority creditor's name and mailing address Mail Finance 478 Wheelers Farms Road Milford, CT 06461 Date(s) debt was incurred <u>2/2017 - 8/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,171.82
3.89	Nonpriority creditor's name and mailing address Mailboxes & Parcel Depot 2557 N. Newton Street Jasper, IN 47546 Date(s) debt was incurred <u>3/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.66

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3.90 Nonpriority creditor's name and mailing address

Mat Man
P.O. Box 1045
Newburgh, IN 47629-1045
Date(s) debt was incurred 2/2017 - 5/2017
Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*\$534.78

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes**3.91 Nonpriority creditor's name and mailing address**

Matrix Integration, LLC
417 Main Street
Jasper, IN 47546
Date(s) debt was incurred 4/2017
Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*\$573.75

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Comp MaintIs the claim subject to offset? ☒ No ☐ Yes**3.92 Nonpriority creditor's name and mailing address**

Maven Medical Mfg, Inc.
P.O. Box 909
Indian Rocks Beach, FL 33785-0909
Date(s) debt was incurred 12/2016 - 3/2017
Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*\$556.50

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes**3.93 Nonpriority creditor's name and mailing address**

McKesson Drug
3000 Kensill Avenue
Washington Court House, OH 43160
Date(s) debt was incurred 2/2017 - 11/2017
Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*\$399.56

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes**3.94 Nonpriority creditor's name and mailing address**

McKesson Medical Surgical
P.O. Box 204786
Dallas, TX 75320-4786
Date(s) debt was incurred 9/2014 - 9/2017
Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*\$7,809.25

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes**3.95 Nonpriority creditor's name and mailing address**

Medact, LLC
1735 N. Brown Road, Suite 500
Lawrenceville, GA 30043
Date(s) debt was incurred 6/2017 - 12/2017
Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*\$13,505.10

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Comp MaintIs the claim subject to offset? ☒ No ☐ Yes**3.96 Nonpriority creditor's name and mailing address**

Medela, Inc.
1101 Corporate Drive
McHenry, IL 60050
Date(s) debt was incurred 4/2017
Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*\$6,353.40

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes

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3.97 Nonpriority creditor's name and mailing addressMedford Technologies, Inc.
2 Executive Blvd., Suite 410
Suffern, NY 10901Date(s) debt was incurred 12/2017Last 4 digits of account number As of the petition filing date, the claim is: *Check all that apply.*

\$1,299.31

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: Comp Maint.Is the claim subject to offset? ☒ No ☐ Yes**3.98 Nonpriority creditor's name and mailing address**Medi USA, L.P.
6481 Franz Warner Parkway
Whitsett, NC 27377Date(s) debt was incurred 6/2016 - 3/2017Last 4 digits of account number As of the petition filing date, the claim is: *Check all that apply.*

\$22,020.63

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes**3.99 Nonpriority creditor's name and mailing address**Medical Specialties Distr.
800 Technology Center Drive
Stoughton, MA 02072Date(s) debt was incurred 8/2016 - 4/2017Last 4 digits of account number As of the petition filing date, the claim is: *Check all that apply.*

\$68,946.62

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes**3.100 Nonpriority creditor's name and mailing address**Medline Industries, Inc.
Dept. CH 14400
Palatine, IL 60055-4400Date(s) debt was incurred 10/2016 - 7/2017Last 4 digits of account number As of the petition filing date, the claim is: *Check all that apply.*

\$79,176.05

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: Open Account / JudgmentIs the claim subject to offset? ☒ No ☐ Yes**3.101 Nonpriority creditor's name and mailing address**Methodist Hospital
Attn: Andrea Miller, Accounting
1305 N. Elm Street
Henderson, KY 42420Date(s) debt was incurred 4/2016 - 12/2017Last 4 digits of account number As of the petition filing date, the claim is: *Check all that apply.*

\$66,666.60

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: RentIs the claim subject to offset? ☒ No ☐ Yes**3.102 Nonpriority creditor's name and mailing address**Metronet
3701 Communications Way
Evansville, IN 47715-8929Date(s) debt was incurred 11/2017Last 4 digits of account number As of the petition filing date, the claim is: *Check all that apply.*

\$207.38

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: Utility ServicesIs the claim subject to offset? ☒ No ☐ Yes**3.103 Nonpriority creditor's name and mailing address**MHA LTC Network, Inc.
25-A Vreeland Road, Suite 200
Florham Park, NJ 07932-0789Date(s) debt was incurred 6/2017 - 8/2017Last 4 digits of account number As of the petition filing date, the claim is: *Check all that apply.*

\$692.65

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes

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3.104	Nonpriority creditor's name and mailing address Midwest Prescription 3224 Ferncroft Drive Cincinnati, OH 45211 Date(s) debt was incurred <u>12/2016 - 10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$364.39
3.105	Nonpriority creditor's name and mailing address Mountain Valley 1315 Read Street, Unit A Evansville, IN 47710 Date(s) debt was incurred <u>7/2017 - 10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$265.53
3.106	Nonpriority creditor's name and mailing address MRM Investments, LLC 2960 Fairview Drive Owensboro, KY 42303 Date(s) debt was incurred <u>3/2017 - 12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,714.70
3.107	Nonpriority creditor's name and mailing address Mt. Carmel Public Utility P.O. Box 220 Mount Carmel, IL 62863-0220 Date(s) debt was incurred <u>10/2017 - 12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$439.11
3.108	Nonpriority creditor's name and mailing address Neotech 28430 Witherspoon Parkway Valencia, CA 91355 Date(s) debt was incurred <u>9/2017 - 10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Comp Maint.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$888.06
3.109	Nonpriority creditor's name and mailing address Nexstar Broadcasting, Inc. P.O. Box 74008722 Chicago, IL 60674-8722 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,545.00
3.110	Nonpriority creditor's name and mailing address Nonin Medical, Inc. 13700 1st Avenue North Minneapolis, MN 55441-5443 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233.20

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3.111	Nonpriority creditor's name and mailing address Ohio Valley Medical Gas P.O. Box 8087 Evansville, IN 47716-8087 Date(s) debt was incurred <u>12/2016 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,782.42
3.112	Nonpriority creditor's name and mailing address Patterson Medical 28100 Torch Parkway, Suite 700 Warrenville, IL 60555-3938 Date(s) debt was incurred <u>1/2017 - 3/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,476.10
3.113	Nonpriority creditor's name and mailing address Peach Properties P.O. Box 100 Dawson Springs, KY 42408 Date(s) debt was incurred <u>12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.114	Nonpriority creditor's name and mailing address Ped-Lite 8255 Wright Street Merrillville, IN 46410 Date(s) debt was incurred <u>1/2017 - 2/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.78
3.115	Nonpriority creditor's name and mailing address Petersburg Municipal Utilities 704 Main Street Petersburg, IN 47567 Date(s) debt was incurred <u>12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.77
3.116	Nonpriority creditor's name and mailing address Philips Healthcare 3000 Minuteman Road, MS 0400 Andover, MA 01810 Date(s) debt was incurred <u>2/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.00
3.117	Nonpriority creditor's name and mailing address Physicians Filing Service P.O. Box 2336 Mount Vernon, IL 62864 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,232.74

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3.118	Nonpriority creditor's name and mailing address Pierre Dimaggio 100 April Avenue Carmi, IL 62821 Date(s) debt was incurred <u>6/2017 - 12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,156.78
3.119	Nonpriority creditor's name and mailing address Pike County Chamber of Commerce 714 E. Main Street Petersburg, IN 47567 Date(s) debt was incurred <u>4/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.120	Nonpriority creditor's name and mailing address Piranha Mobile Shredding 813 E. Franklin Street Evansville, IN 47711 Date(s) debt was incurred <u>3/2017 - 10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,896.40
3.121	Nonpriority creditor's name and mailing address Porter One Design, LLC 37680 Hills Tech Drive Farmington, MI 48331 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.122	Nonpriority creditor's name and mailing address Princeton EPB 304 E. Legion Drive Princeton, KY 42445-2280 Date(s) debt was incurred <u>11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$373.60
3.123	Nonpriority creditor's name and mailing address Princeton Water & Sewer 101 E. Market Street Princeton, KY 42445 Date(s) debt was incurred <u>11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.73
3.124	Nonpriority creditor's name and mailing address Quality Medical Group 4475 S. Clinton Avenue South Plainfield, NJ 07080 Date(s) debt was incurred <u>11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,125.00

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3.125 Nonpriority creditor's name and mailing address
 Quality Medical South
 7381 114th Avenue North, Suite 4028
 Largo, FL 33773
 Date(s) debt was incurred 10/2017
 Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$375.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes

3.126 Nonpriority creditor's name and mailing address
 Quill
 P.O. Box 37600
 Philadelphia, PA 19101-0600
 Date(s) debt was incurred 1/2017 - 3/2017
 Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$1,261.60

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes

3.127 Nonpriority creditor's name and mailing address
 R & T Realty, Inc.
 Attn: Roberg G. Dean, President
 630 N. Walnut Street, #F
 Mount Carmel, IL 62863
 Date(s) debt was incurred 11/2017 - 12/2017
 Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$3,800.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: RentIs the claim subject to offset? ☒ No ☐ Yes

3.128 Nonpriority creditor's name and mailing address
 Republic Services
 12820 Cummins Road
 Pimento, IN 47866-9734
 Date(s) debt was incurred 10/2017 - 11/2017
 Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$237.29

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Utility ServicesIs the claim subject to offset? ☒ No ☐ Yes

3.129 Nonpriority creditor's name and mailing address
 Res Med
 P.O. Box 534593
 Atlanta, GA 30353-4593
 Date(s) debt was incurred 6/2016 - 8/2017
 Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$115,741.42

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes

3.130 Nonpriority creditor's name and mailing address
 Respironics
 P.O. Box 405740
 Atlanta, GA 30384-5740
 Date(s) debt was incurred 1/2017 - 7/2017
 Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$82,597.71

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes

3.131 Nonpriority creditor's name and mailing address
 Right Way Medical
 510-H East Wilson Bridge Road
 Worthington, OH 43085
 Date(s) debt was incurred 8/2017 - 11/2017
 Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$2,940.88

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes

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3.132 Nonpriority creditor's name and mailing address
 Riverfront Prop LLC
 601 Main Street
 Jasper, IN 47546
 Date(s) debt was incurred 8/2016 - 12/2017
 Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

\$8,500.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: RentIs the claim subject to offset? ☒ No ☐ Yes

3.133 Nonpriority creditor's name and mailing address
 RX Care Assurance
 P.O. Box 30203
 Omaha, NE 68103-1303
 Date(s) debt was incurred 3/2017 - 6/2017
 Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

\$1,268.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes

3.134 Nonpriority creditor's name and mailing address
 Sarge Rentals
 P.O. Box 1841
 Bloomington, IN 47402
 Date(s) debt was incurred 6/2017 - 12/2017
 Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

\$45,705.52

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: RentIs the claim subject to offset? ☒ No ☐ Yes

3.135 Nonpriority creditor's name and mailing address
 Shred-It
 28883 Network Place
 Chicago, IL 60673-1288
 Date(s) debt was incurred 11/2016 - 8/2017
 Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

\$2,422.54

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes

3.136 Nonpriority creditor's name and mailing address
 Shredding & Storage Unlimited
 3001 S. Walnut
 Bloomington, IN 47401
 Date(s) debt was incurred 6/2017 - 10/2017
 Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

\$70.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes

3.137 Nonpriority creditor's name and mailing address
 Sigvaris, Inc.
 1119 Highway 74 South
 Peachtree City, GA 30269
 Date(s) debt was incurred 4/2017 - 6/2017
 Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

\$2,494.65

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes

3.138 Nonpriority creditor's name and mailing address
 Sky Cylinder Testing, Inc.
 2220 Lexington Road
 Evansville, IN 47720
 Date(s) debt was incurred 7/2017 - 10/2017
 Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

\$519.93

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes

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3.139	Nonpriority creditor's name and mailing address Somnetics, LLC 33 5th Avenue NW, #500 New Brighton, MN 55112 Date(s) debt was incurred <u>5/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$517.99
3.140	Nonpriority creditor's name and mailing address Sonitrol 208 NW Third Street Evansville, IN 47708-1234 Date(s) debt was incurred <u>5/2017 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$686.57
3.141	Nonpriority creditor's name and mailing address Southeast Daviess Co. Water 3400 Bittel Road Owensboro, KY 42301 Date(s) debt was incurred <u>10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.12
3.142	Nonpriority creditor's name and mailing address Spectrotel P.O. Box 1949 Newark, NJ 07101-1949 Date(s) debt was incurred <u>11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,256.23
3.143	Nonpriority creditor's name and mailing address Stander 1615 Quail Way Logan, UT 84321 Date(s) debt was incurred <u>11/2016 - 1/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.70
3.144	Nonpriority creditor's name and mailing address Staples Business Advan Dept. Det P.O. Box 83689 Chicago, IL 60696-3689 Date(s) debt was incurred <u>11/2016 - 2/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,991.04
3.145	Nonpriority creditor's name and mailing address Stericycle, Inc. P.O. Box 6575 Carol Stream, IL 60197-6575 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$430.64

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3.146	Nonpriority creditor's name and mailing address Stradtner Properties 1111 W. 13th Street Jasper, IN 47546 Date(s) debt was incurred <u>8/2017 - 12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103,050.25
3.147	Nonpriority creditor's name and mailing address Rick Stradtner 1111 W. 13th Street Jasper, IN 47546 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240,500.00
3.148	Nonpriority creditor's name and mailing address Strategic Distribution LP 9800 De Soto Avenue Chatsworth, CA 91311 Date(s) debt was incurred <u>2/2017 - 3/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$693.68
3.149	Nonpriority creditor's name and mailing address Sun Life Financial 2323 Grand Blvd. Kansas City, MO 64108-2670 Date(s) debt was incurred <u>10/2017 - 12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,310.30
3.150	Nonpriority creditor's name and mailing address Sunset Healthcare 180 N. Michigan Avenue, Suite 2000 Chicago, IL 60601 Date(s) debt was incurred <u>11/2016 - 3/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,603.77
3.151	Nonpriority creditor's name and mailing address Swat Pest Management 2501 N. Cullen Avenue Evansville, IN 47715 Date(s) debt was incurred <u>5/2017 - 9/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,390.00
3.152	Nonpriority creditor's name and mailing address Terminex Processing Center P.O. Box 742592 Cincinnati, OH 45274-2592 Date(s) debt was incurred <u>3/2017 - 5/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.00

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3.153	Nonpriority creditor's name and mailing address The AME Group 6001 E. Old Highway 50 Vincennes, IN 47591 Date(s) debt was incurred <u>12/2016 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Comp Maint</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,558.54
3.154	Nonpriority creditor's name and mailing address The Lang Company 540 South 13th Street Louisville, KY 40203 Date(s) debt was incurred <u>12/2016 - 10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,329.45
3.155	Nonpriority creditor's name and mailing address The Repair Center 21973 Commerce Parkway Strongsville, OH 44119 Date(s) debt was incurred <u>7/2017 - 10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,558.95
3.156	Nonpriority creditor's name and mailing address Time Warner Cable 1600 Dublin Road Columbus, OH 43215 Date(s) debt was incurred <u>11/2017 - 12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$694.86
3.157	Nonpriority creditor's name and mailing address Total Funds by Hasler P.O. Box 30193 Tampa, FL 33630-3193 Date(s) debt was incurred <u>10/2016 - 5/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,238.91
3.158	Nonpriority creditor's name and mailing address Trulife P.O. Box 89 Jackson, MI 49204-0089 Date(s) debt was incurred <u>12/2016 - 2/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233.61
3.159	Nonpriority creditor's name and mailing address Uebelhor & Sons, Inc. 788 W. 12th Avenue Jasper, IN 47547 Date(s) debt was incurred <u>4/2017 - 10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$294.51

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3.160	Nonpriority creditor's name and mailing address United Healthcare 5505 N. Cumberland Avenue, Suite 307 Chicago, IL 60656-4761 Date(s) debt was incurred <u>3/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,833.67
3.161	Nonpriority creditor's name and mailing address Vectren Energy Delivery 1 N. Main Street Evansville, IN 47711 Date(s) debt was incurred <u>9/2017 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,970.73
3.162	Nonpriority creditor's name and mailing address Veridian Healthcare 1175 Lakeside Drive Gurnee, IL 60031 Date(s) debt was incurred <u>8/2016 - 2/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,063.82
3.163	Nonpriority creditor's name and mailing address Verizon Wireless One Verizon Way Basking Ridge, NJ 07920 Date(s) debt was incurred <u>11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,465.03
3.164	Nonpriority creditor's name and mailing address VGM Group, Inc. 111 W. San Marnan Drive, Suite A2 West Waterloo, IA 50701-8926 Date(s) debt was incurred <u>6/2016 - 10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,826.80
3.165	Nonpriority creditor's name and mailing address VSP P.O. Box 45210 San Francisco, CA 94145-5210 Date(s) debt was incurred <u>11/2017 - 12/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,086.04
3.166	Nonpriority creditor's name and mailing address WAMW-WFML-WAXI Radio 800 W. National Highway Washington, IN 47501 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00

Debtor HLS Pharmacies, Inc.
NameCase number (if known) 17-71197-BHL

3.167 Nonpriority creditor's name and mailing address Warren Supply Co., Inc. 652 US Highway 41 N Sebree, KY 42455 Date(s) debt was incurred <u>12/2016 - 3/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. \$139.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.168 Nonpriority creditor's name and mailing address Tim Weiss 817 Harmony Way Evansville, IN 47720 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. \$40,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.169 Nonpriority creditor's name and mailing address Woolfork's Windows 15592 US Highway 41A Corydon, KY 42406 Date(s) debt was incurred <u>6/2017 - 9/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. \$150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.170 Nonpriority creditor's name and mailing address WOW P.O. Box 4350 Carol Stream, IL 60197-4350 Date(s) debt was incurred <u>11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. \$230.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.171 Nonpriority creditor's name and mailing address Wright Express, FSC P.O. Box 6293 Carol Stream, IL 60197-6293 Date(s) debt was incurred <u>10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. \$5,669.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Gas Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.172 Nonpriority creditor's name and mailing address Zirmed, Inc. 888 W. Market Street, Suite 400 Louisville, KY 40202 Date(s) debt was incurred <u>7/2017 - 11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. \$704.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Comp Maint.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 McKesson Medical Surgical P.O. Box 630693 Cincinnati, OH 45263-0693	Line <u>3.94</u> <input type="checkbox"/> Not listed. Explain _____	<u> </u>

Debtor HLS Pharmacies, Inc.
NameCase number (if known) 17-71197-BHL

Name and mailing address

On which line in Part 1 or Part 2 is the
related creditor (if any) listed?Last 4 digits of
account number, if
any4.2 McKesson Medical Surgical
8121 10th Avenue N
Golden Valley, MN 55427Line 3.94

—

☐ Not listed. Explain _____4.3 Medline Industries, Inc.
c/o Blackwell, Burke & Ramsey, P.C.
101 W. Ohio Street, Suite 1700
Indianapolis, IN 46204Line 3.100

—

☐ Not listed. Explain _____4.4 Villa Investment Group, LLC
409 S. Walnut Street
Bloomington, IN 47401Line 3.134

—

☐ Not listed. Explain _____**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**

5a. Total claims from Part 1

5a. \$ 973,352.02

5b. Total claims from Part 2

5b. + \$ 1,762,726.105c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.5c. \$ 2,736,078.12